



**P.O. Box 922**  
**Lexington, Virginia 24450**  
**[540] 463-5441; fax [540] 463-5310**

## POOL MEMBERSHIP APPLICATION

[www.rockbridgeswims.org](http://www.rockbridgeswims.org)

**Please Note:** Each pool patron is responsible for becoming familiar with all posted rules. By entering the municipal facility, patron summarily agrees to abide by all written rules and verbal instructions given by the Pool management and lifeguarding staff. In completing this form, **PLEASE PRINT!**

Age Group	Annual Membership (Monthly Electronic Transfer only)	Labor Day to Memorial Day	Summer Membership (Memorial Day to Labor Day)	12 Month Annual
Youth 14-18	--	\$180	--	--
Individual Adult	\$45	\$360	\$125	\$460
Individual Senior (65 or older)	\$40	\$320	\$125	\$420
Family	\$60	\$480	\$175 + \$15 each child	\$650
Family (Senior)	\$55	\$420	\$175 + \$15 each child	\$580

### **Membership Benefits for Annual Members:**

- ◆ 4 Visitor Passes (Individual Membership)
- ◆ 6 Visitor Passes (Family Membership)
- ◆ Discounts on swim lessons, swim team, private pool rental, swim camp and other programming
- ◆ Personal Training Programs
- ◆ Adult Swim Lessons

<b>Primary Member</b>		First Name		MI	Last Name		
Mailing/Street Address					Home Phone		
City		<input type="checkbox"/> City <input type="checkbox"/> County	State	Zip	Work Phone		
E-mail address		Date of Birth (mm/dd/yy)			Cell Phone		
Kroger Gift Card#:		Emergency Contact			Emergency Phone		
<b>Spouse</b>		First Name		MI	Last Name		
E-mail address		Date of Birth (mm/dd/yy)			Cell Phone		
Kroger Gift Card#:		Emergency Contact			Emergency Phone		
<b>D e p e n d e n t s</b>	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School
	First Name	MI	Last Name	Age	Date of Birth (mm/dd/yy)	Gender	School

\*Kroger donates 5% of all gift card purchases to Friends of Rockbridge Swimming. These funds are used to support aquatic programming and facility improvement.



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## POOL MEMBERSHIP EFT AGREEMENT

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**Electronic Transfer:** I authorize my bank to honor preauthorized electronic funds transfer drawn by The City of Lexington on my account for Membership payments below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge.

\_\_\_\_ I choose to utilize the EFT option for monthly payments    \_\_\_\_checking    \_\_\_\_savings

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing/Transit No. Please attach voided check

Monthly Dues: \_\_\_\_\_

Draft Date: The 15th of each month beginning \_\_\_\_\_ (please initial \_\_\_\_\_)

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

Accepted by Pool Staff Member: \_\_\_\_\_

### **Payment Plan:**

Initial amount paid: \$ \_\_\_\_\_ (2 months)

Monthly EFT payment: \_\_\_\_\_

**\*Monthly Payments:** I understand that monthly plans are continuous but can be cancelled with 30 days advance notice **after** 12 monthly payments of membership with no termination charge.

If membership is cancelled before 12 payments have been made, there will be a termination fee due of \$100.00. (please initial \_\_\_\_\_).

With prior approval, we will be glad to suspend payments for extended illness or vacation for up to three months.

### OFFICE USE ONLY

**Membership Type (circle one):**

Individual Youth

Individual Adult

Individual Senior

Family

Family Senior

Join Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Staff Member: \_\_\_\_\_